

CHALLENGE EXAM APPLICATION NURSE AIDE / MEDICATION AIDE

This application reports the successful completion of a Wisconsin approved medication aide training program by a nurse aide previously included on the Registry. Successful completion of the medication aide training program allows a nurse aide to administer medications in a federally certified skilled nursing home. The personal information will only be used to determine your nurse aide employment eligibility. Providing your Social Security number is voluntary; however, the number is needed to process your application. Social Security numbers are used to identify nurse aide employment eligibility for current and prospective employers. This application will not be processed if it is incomplete, unsigned or illegible. Questions about completion of this form may be directed to 608-266-5388.

SUBMIT THE FOLLOWING ITEMS WITH THIS APPLICATION:

- Letter of recommendation from DON, Nursing Home Administrator and 2 Charge Nurses.
- Transcripts that document medication administration courses attended (if applicable).
- Certification of Med Aide from another state and criteria to be a Med Aide in that state (if applicable).

APPLICANT INFORMATION

Name – Applicant	Telephone Number (home)	Date Application Completed
Mailing Address	Telephone Number (work)	Social Security Number
City, State and Zip Code		Birth Date
Name – Employer		
Address – Employer		
Preferred Testing Location		

RELEASE

I authorize _____ or its appointed representative, to release the information on this form to the Wisconsin Nurse Aide Directory. I also authorize _____, or its representative, to release necessary information regarding my performance in the Nurse Aide / Medication Aide course to my current employer or any future prospective employer.

SIGNATURE – Applicant	Date Signed
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INSTRUCTIONAL PROGRAM INFORMATION

Name – Instructional Program		
Challenge Exam – 100 Hour Nurse Aide / Medication Aide		
Name – Instructional Institution		
Name – Proctor		
Title – Proctor		
Written Final	Date Completed	Grade
Practicum	Date Completed	Grade

VERIFICATION

I have verified this applicant's background and have determined the applicant is ☐ Eligible ☐ Not Eligible for Challenge Testing. The applicant is required to participate in the following: ☐ Final Exam ☐ Practicum Exam

SIGNATURE – Pharmacy Consultant	Title	Date Verified
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